

Application Data Sheet **Under 37 C.F.R. § 1.76**

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: GENERIC USER INTERFACE TESTING
FRAMEWORK WITH LOAD-TIME LIBRARIES

Attorney Docket Number:: BEAS-01513US0

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 5

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity

Given Name:: Zhibin
Middle Name::
Family Name:: Wang
Name Suffix::
City of Residence:: Woburn
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 2315 North First Street
City of mailing address:: San Jose
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Dan
Middle Name::
Family Name:: Seeman
Name Suffix::
City of Residence:: Novato
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 235 Montgomery Street
City of mailing address:: San Francisco

State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94111

Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415-362-3800
Fax Number: 415-362-2928
E-Mail address:: officeactions@fdml.com

Representative Information

| | | |
|----------------------------------|-------|--|
| Representative Customer Number:: | 23910 | |
|----------------------------------|-------|--|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--|----------------------|----------------------|
| This application | An application claiming the benefit under 35 U.S.C. 119(e) | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |

Assignee Information

| | |
|---|-------------------------|
| Assignee name:: | BEA SYSTEMS, INC. |
| Street of mailing address:: | 2315 North First Street |
| City of mailing address:: | San Jose |
| State or Province of mailing address:: | CA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 95131 |